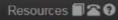
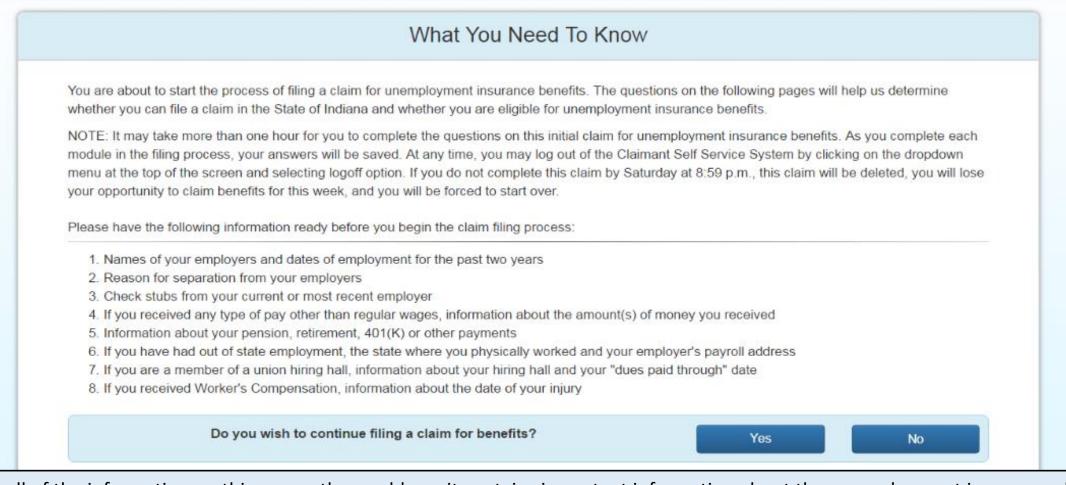


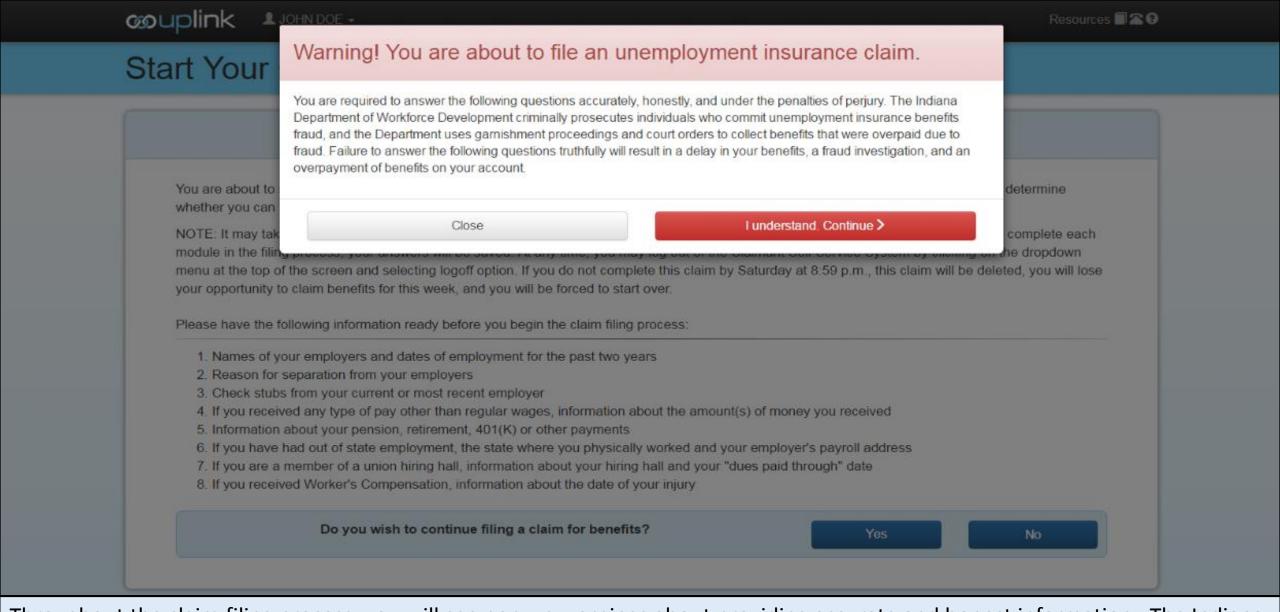
After logging into your Uplink Claimant Self Service homepage, select the "File a New Unemployment Insurance Claim" link in the "To-Do" section of the homepage.



## Start Your Claim

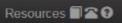


Please read all of the information on this screen thoroughly, as it contains important information about the unemployment insurance claim filing process. The claim filing process may take more than an hour to complete, and you will need to have information about your recent employers and any income you have received or will receive on hand. Read each question thoroughly before responding, as failing to answer accurately will affect or delay your benefits. **NOTE: If you do not complete this claim by Saturday at 8:59PM of the current week, your claim will be deleted and you will lose the ability to claim this week of benefits.** After you have gathered all of the required information, please select "Yes".



Throughout the claim filing process, you will see pop-up warnings about providing accurate and honest information. The Indiana Department of Workforce Development criminally prosecutes individuals who commit unemployment insurance benefits fraud. Failure to answer all questions truthfully will result in a delay in your benefits, a fraud investigation, and an overpayment of benefits on your account. You will not be able to move forward until you select "I understand. Continue."







Throughout the filing process, you will notice a ticker at the top of each page. This keeps you notified as to how much time you have left to complete your claim. Below the ticker is a progress bar that will show you where you are in the claim filing process. As you complete each module, the progress bar will change colors.

Please pay close attention to the time period noted in the question on this screen. If you filed for benefits in another state within the past 52 weeks, you may not be eligible to file in Indiana because you may only file for benefits in one state during a 52-week period. You may try to file again once your out of state claim expires. Your answer to this question will be verified with the other state at the completion of your claim filing. If you have additional questions regarding this eligibility requirement, please contact our Uplink Contact Support Center at 1-(800) 891-6499.

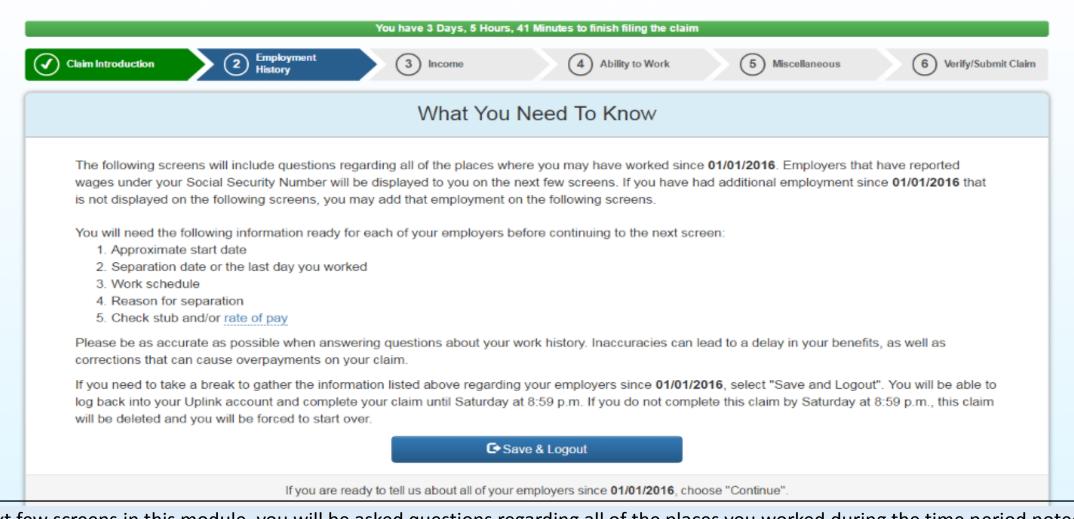
Select the radio button that corresponds to your answer and then select "Continue."





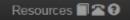


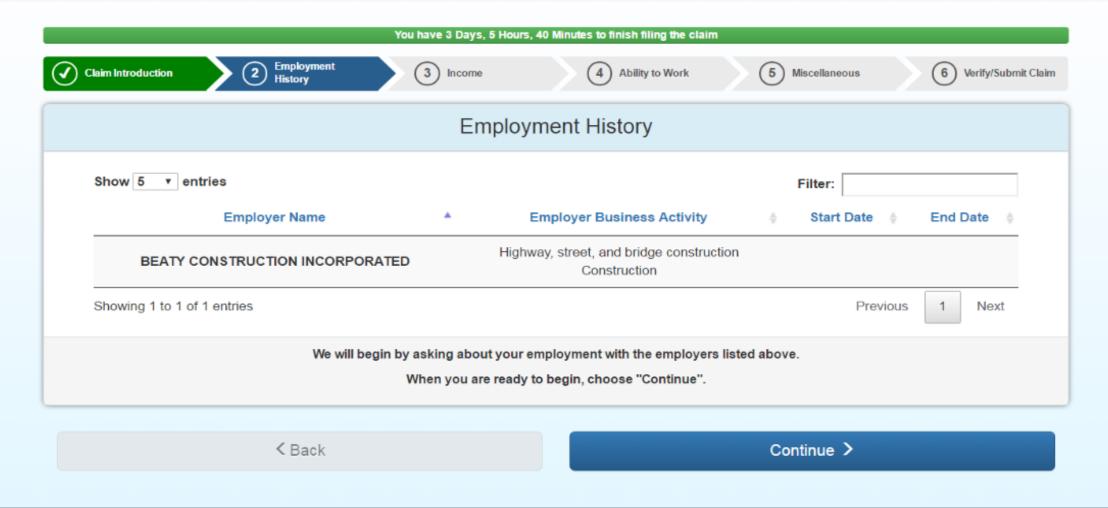
Please answer "yes" or "no" to the Worker's Compensation question. If you received Worker's Compensation during a specific period of time, you will be asked a series of follow-up questions. Please have information and records pertaining to your Worker's Compensation on hand.



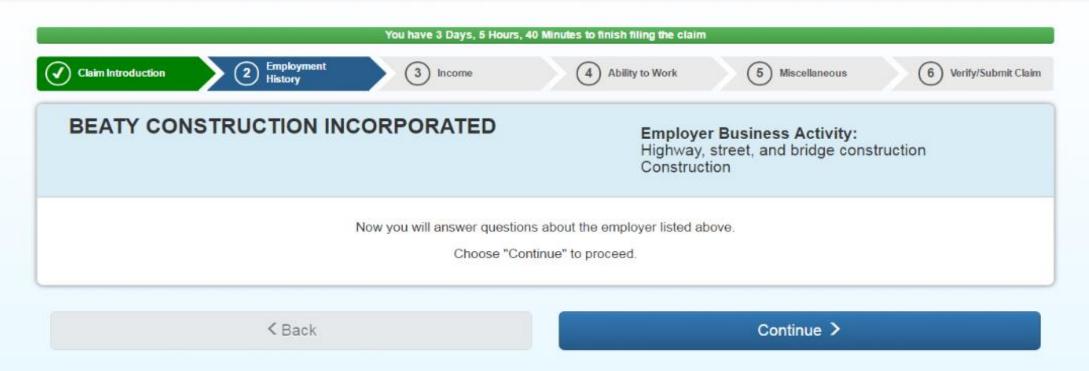
For the next few screens in this module, you will be asked questions regarding all of the places you worked during the time period noted. Employers that have reported wages under your Social Security Number are displayed throughout this module. If you have had employment that is not listed on the following screens, you will have an opportunity to add it. Have the information listed on this screen, such as your employment dates, your reason for separating from your employers, and your check stub, on hand when answering questions. Again it is important to read each question carefully and answer the questions accurately, as mistakes can lead to a delay in your benefits or to corrections that may<sub>6</sub> cause overpayments.

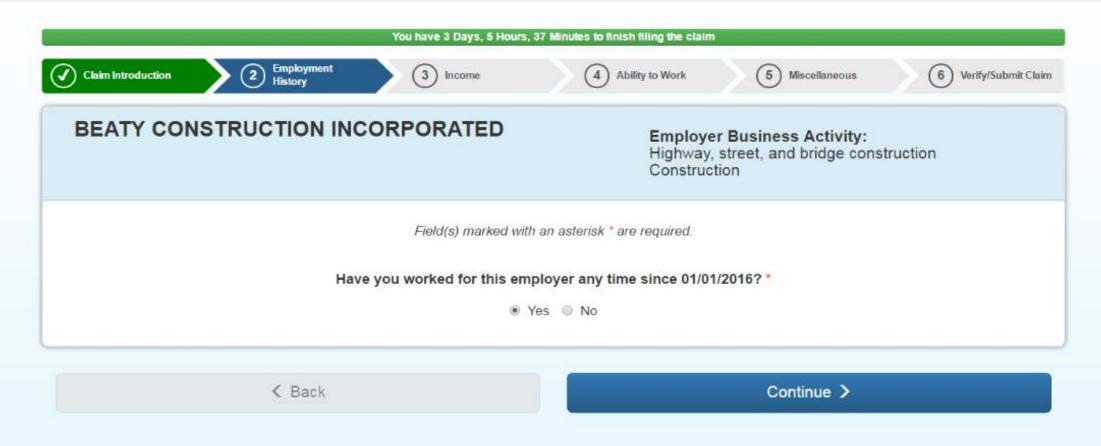






All employers who have reported wages under your Social Security Number are displayed on this screen. Review all of the information for accuracy. You will be asked to submit information about each employer listed here. If you have employment that is not listed, you will have an opportunity to add that employment later.





At the top of this screen, you will see your employer's legal business name and employer business activity, which may be different than the name on your check stubs or W2s. Answer "yes" or "no" regarding your employment with the entity displayed on the screen.

#### You have 3 Days, 5 Hours, 36 Minutes to finish filing the claim







4 Ability to Work



6 Verify/Submit Claim

### BEATY CONSTRUCTION INCORPORATED

Employer Business Activity: Highway, street, and bridge construction Construction

Select a statement that best describes the reason that you were given for separation from this employer. You must select one of the options on this screen. The red text provides additional information regarding that situation.

Please note, if you hover your computer mouse over the underlined blue text, additional information (such as a definition of a term) will appear.

Field(s) marked with an asterisk \* are required.

### Which of the following scenarios best describes your separation from this employer?

- This employer told me I was fired, terminated, or discharged.
- This employer told me that no work was available. Choose this option even if your employer temporarily does not have work available and if you have a return to work date. Do not choose this option if you are still working but experiencing a reduction in hours.
- This employer told me that I have been suspended.
- I quit this job or was discharged as a result of a domestic violence situation.
- I am not working for this employer because, at this time, I am unable to do my job. Choose this option if you have a medical condition, are on Family Medical Leave, or if you are on a short-term disability, and you expect to return to work with this employer.
- I guit or chose to end this employment on my own.
- I am still working for this employer. If your employer is on a temporary shutdown, choose the option "This employer told me that no work was available." Choose this option if you are still working but experiencing a reduction in hours.
- I am on strike/lockout/labor dispute with this employer.

## You have 3 Days, 5 Hours, 35 Minutes to finish filing the claim 3) Ability to Work Verify/Submit Claim Claim Introduction Income Miscellaneous BEATY CONSTRUCTION INCORPORATED **Employer Business Activity:** Highway, street, and bridge construction Construction Field(s) marked with an asterisk \* are required. Why were you fired, terminated, or discharged?\* This employer said that I had poor attendance. This employer said that I broke a rule or policy. Because of medical reasons. If you are going to return to work for this employer, use the back button to return to the prior screen and select the option, "I am not working for this employer

This employer said that I damaged employer property.

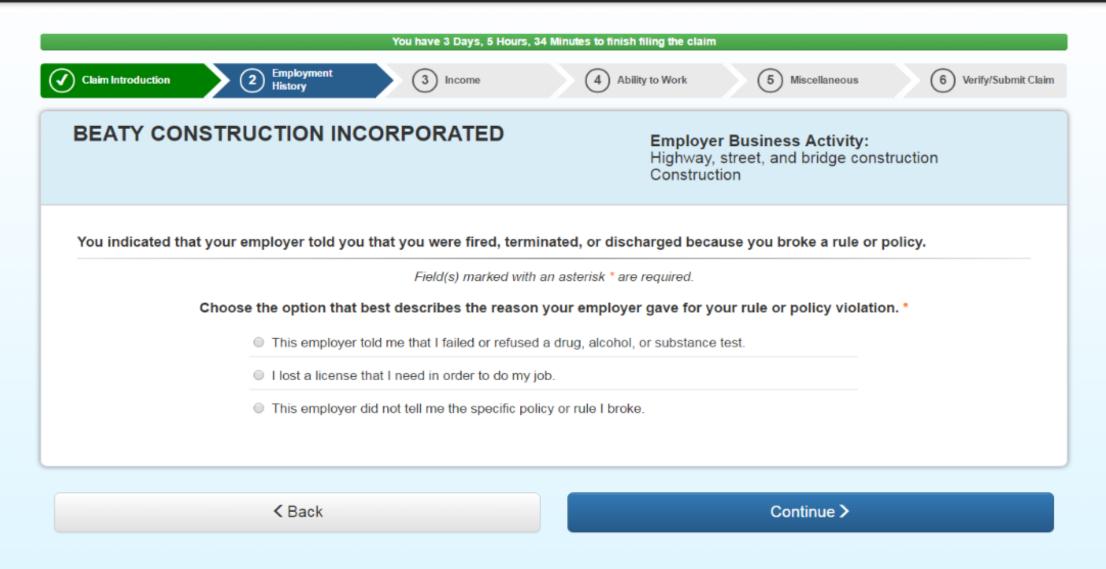
because, at this time, I am unable to do my job."

This employer said that I was not performing to the employer's standards.

This employer said that I committed a crime.

This employer did not tell me why I was fired, terminated, or discharged.

Based on the reason you selected on the previous screen, you may be asked additional follow-up questions about the details of your separation from the employer listed at the top of the screen.



Based on the reason you selected on the previous screen, you may be asked additional follow-up questions about the details of your separation from the employer listed at the top of the screen.



Claim Introduction 2 Employr History	ment 3 Income	е (	4 Ability to Work	6 Miscellaneous	6 Verify/Submit Clair
BEATY CONSTRUCTION	N INCORPORATI	ED	Highw	oyer Business Activity: vay, street, and bridge construction	truction
You indicated that you were fir substance test.	red, terminated, or dis	charged becau	use this emplo	yer said that you failed a	drug, alcohol, or
	Field(s) ma	arked with an aster	risk * are required		
	What was your earlies	t approximate sta	art date with this	employer? *	
				cimpley of :	
		09/06/2016		emproyer.	
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	What is your lates	09/06/2016 (mm/dd/yyyy	on from this emp		
	What is your lates	09/06/2016 (mm/dd/yyyy	on from this emp		
	What is your lates	09/06/2016 (mm/dd/yyyy at date of separati 05/09/2017	on from this emp		
	What is your lates	09/06/2016 (mm/dd/yyyy at date of separati 05/09/2017	on from this emp		

Answer questions about your start date and separation date with the employer listed at the top of the page. Enter your earliest approximate start date, meaning the earliest date you started working for the employer. Enter your separation date, as well. You may enter the date manually (mm/dd/yyyy) or click the calendar to enter a date.

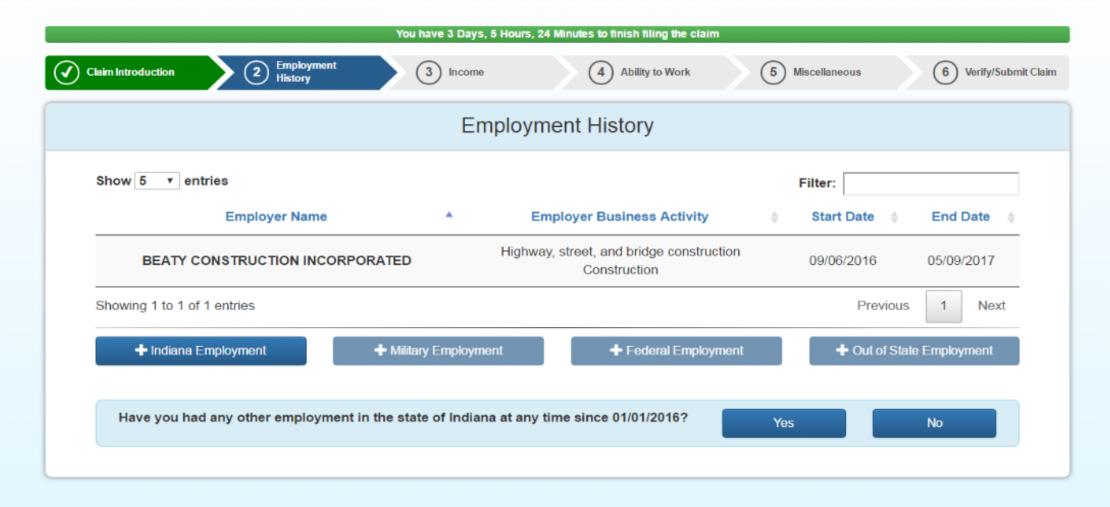


	You have 3 Days, 5 Hours, 3	1 Minutes to finish filing the clain	n	
Claim Introduction 2 Employs History	nent 3 Income	4 Ability to Work	5 Miscellaneous	6 Verify/Submit Claim
BEATY CONSTRUCTIO	N INCORPORATED		er Business Activity: , street, and bridge constition	struction
	Field(s) marked with	an asterisk * are required.		
	What was your rate of	pay with this employer?		
	\$ 15	A		
	Pay Pata Type fo	r Amount Reported. *		
	1.30			
	Hourly    Weekly    Bi-Weekly	y Bi-Monthly Month	y • Yearly	
	How many hours did you normally	y work per week with this	employer?*	
	40			
	How many days did you normally	work per week with this	employer?*	
	5			
Se	lect the option that best describe	s your employment with t	this employer *	
	Full-Time	*		
	What was your job to	tle with this employer?		
	Manager			

Answer questions about your rate of pay, normal work schedule, full- or part-time status, and title with the employer listed at the top of the screen.

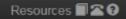


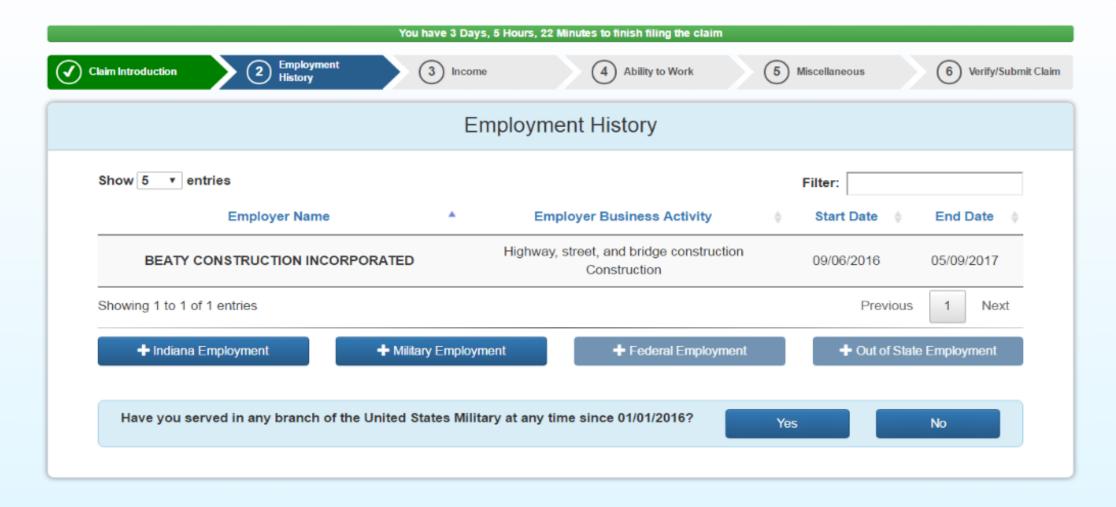




If you have had employment with an Indiana employer since the date indicated on the screen, and that employment is not listed on this page, select "yes" and answer all follow-up questions.  $_{15}$ 



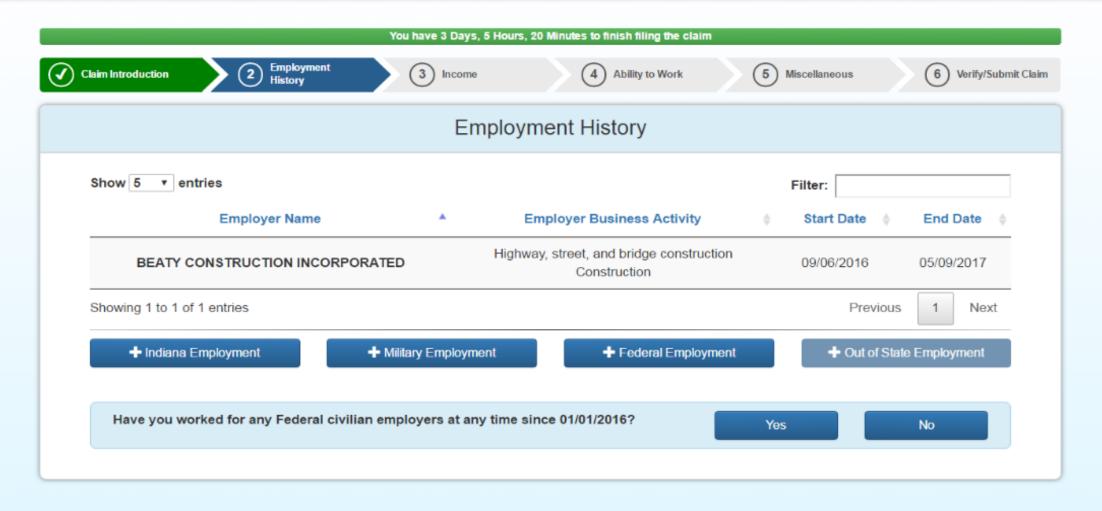




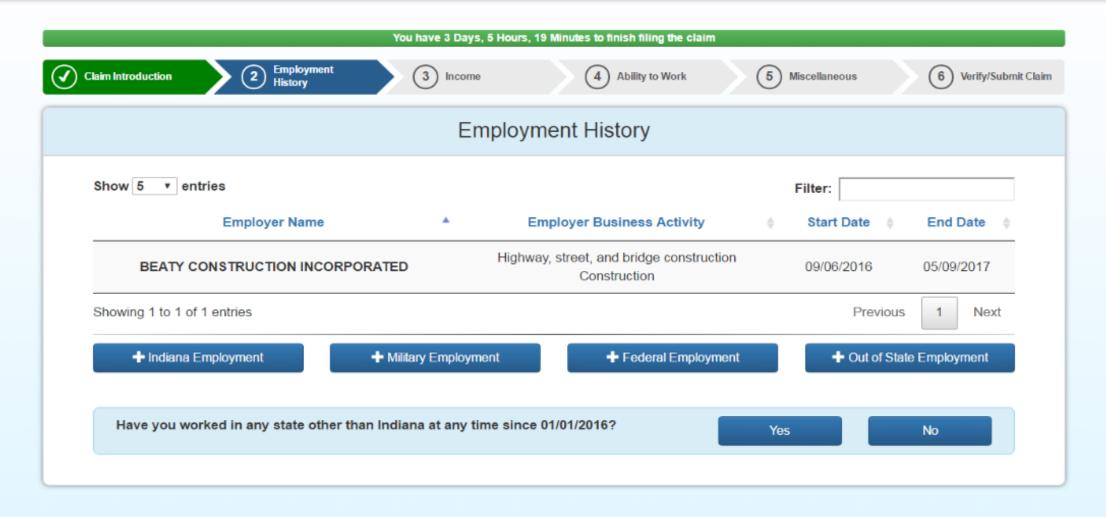
If you have served in any branch of the military since the date indicated on the screen, select "yes" and answer all follow-up questions.



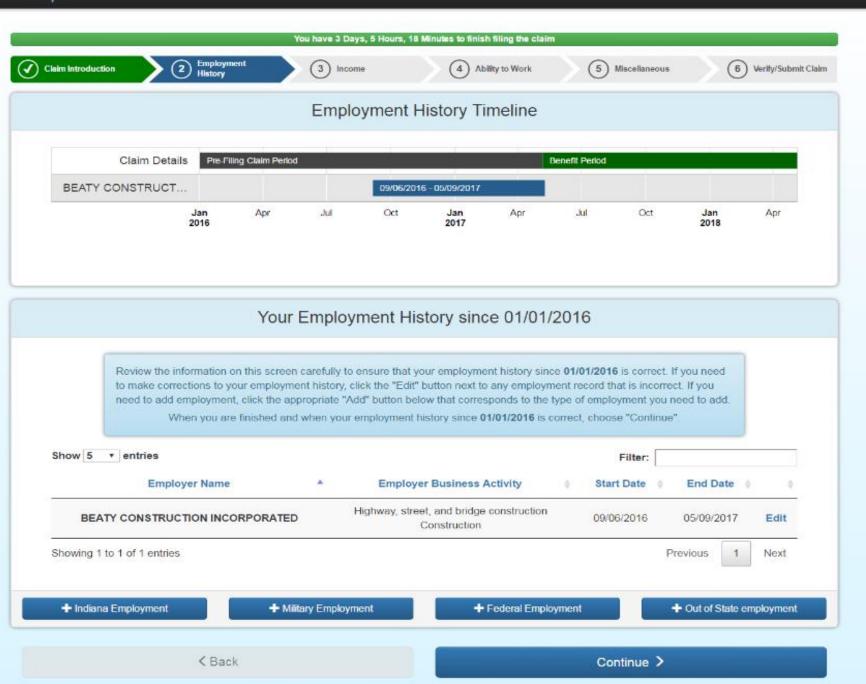




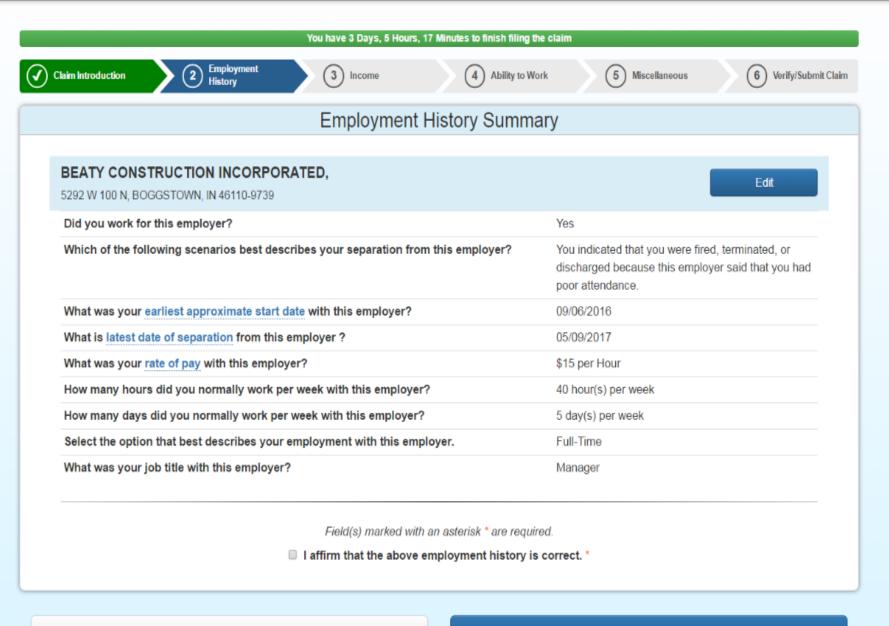
If you have had employment with a federal agency since the date indicated on the screen, select "yes" and answer all follow-up questions.



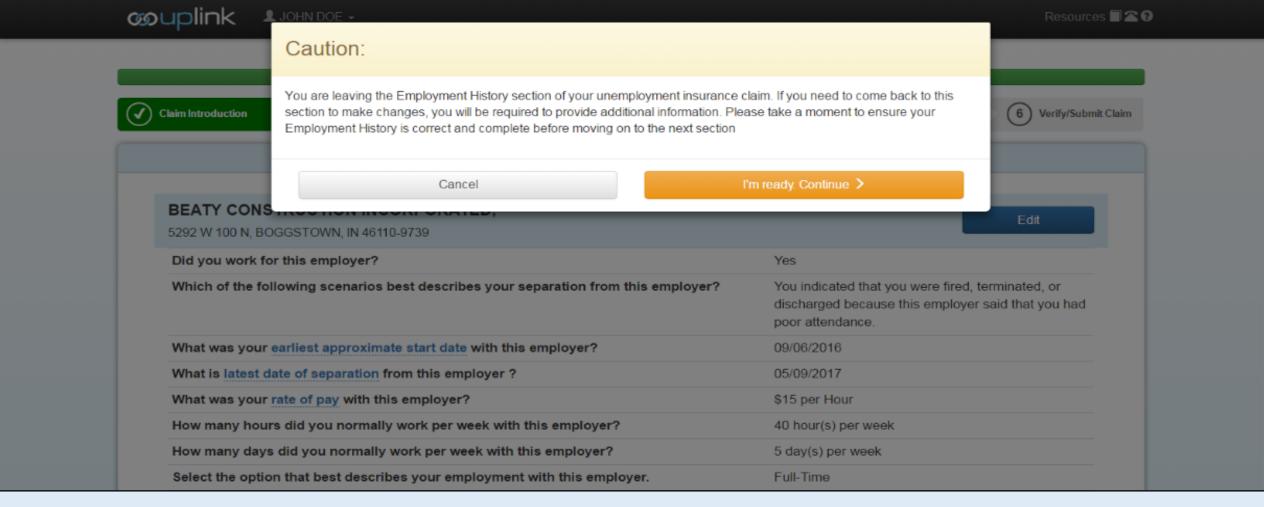
If you have had employment outside of the state of Indiana since the date indicated on the screen, select "yes" and answer all follow-up questions.



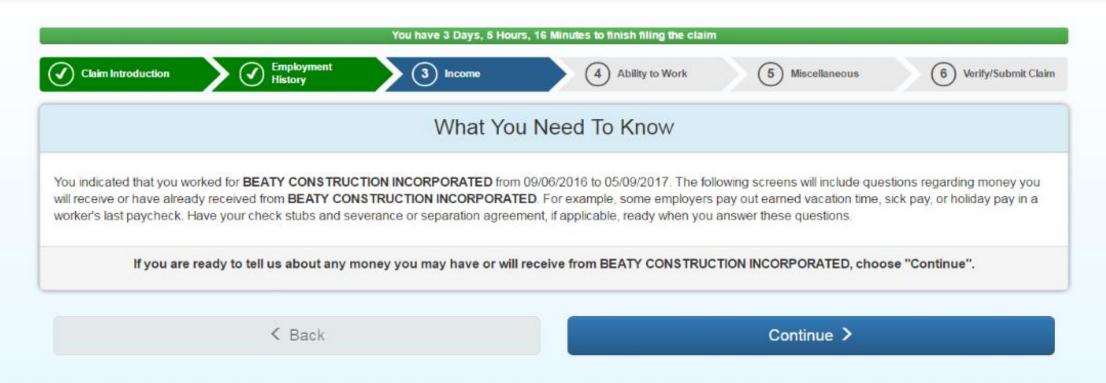
The employment history screen contains all of your employment history detailed in an easy-to-view timeline. Please review this information carefully to make sure it is complete and accurate. If any information is incorrect, or if you need to add an employer, select "Edit" or the "add" button that corresponds to the type of employment you need to add. When finished, select continue.



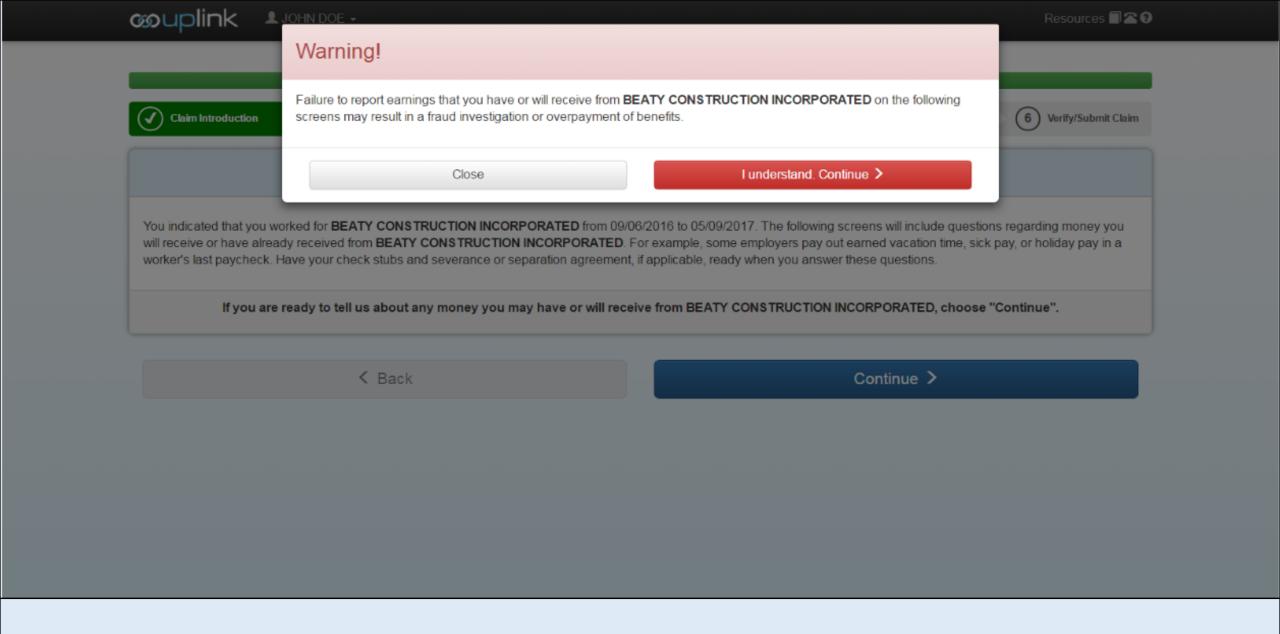
Please review your answers to all of the questions about your employment history. If you need to correct any of your responses, select "Edit" in the section that is in need of a correction. When you are finished, affirm that all of your answers are correct. You will not be able to move forward until you affirm this information.



Once you have affirmed your employment history information is correct, you will be advised that, if you need to come back to the Employment History module to make changes, additional information will be required. Select "I'm ready. Continue."

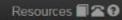


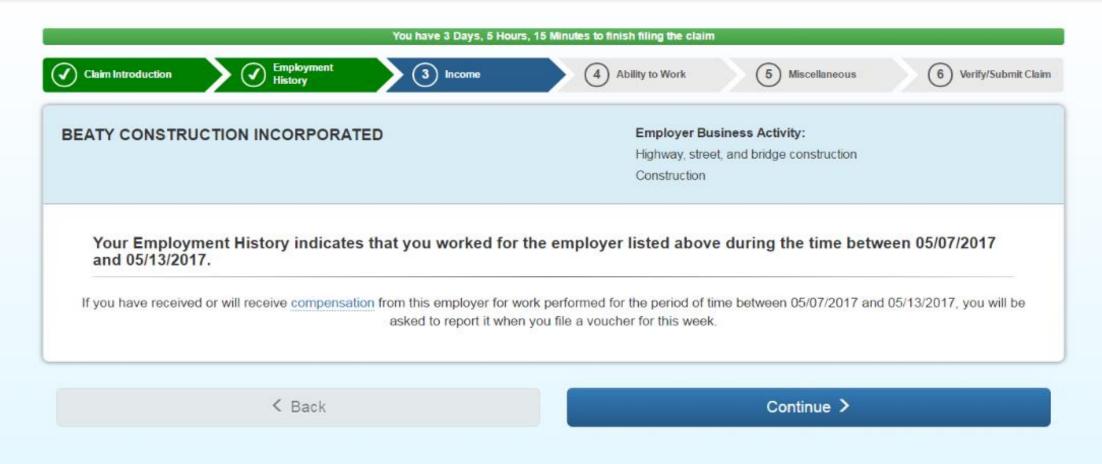
The following screens will ask you about income you have received or will receive from your most recent employer(s). It might help to have a recent check stub on hand when answering the following questions.



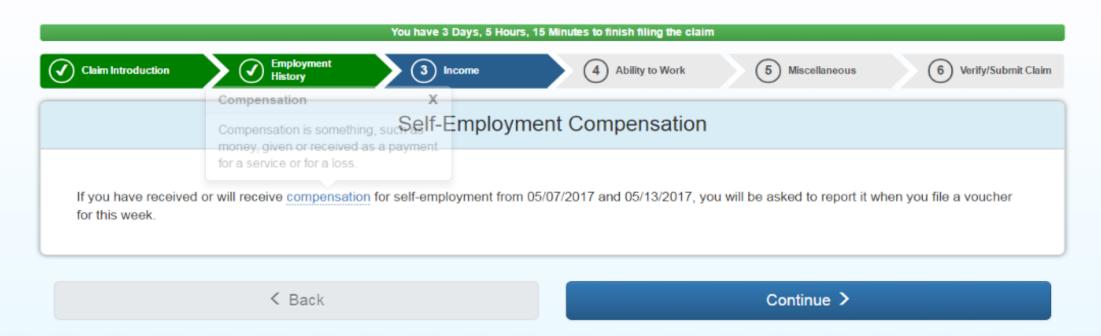
You must report all earnings, income, and other payments to the Department. Failure to do so will result in a fraud investigation and the creation of an overpayment on your claim.

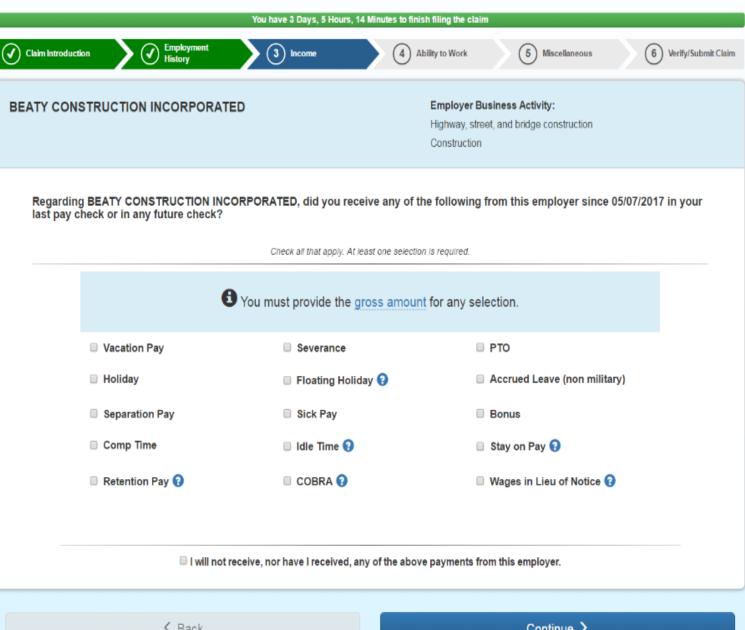




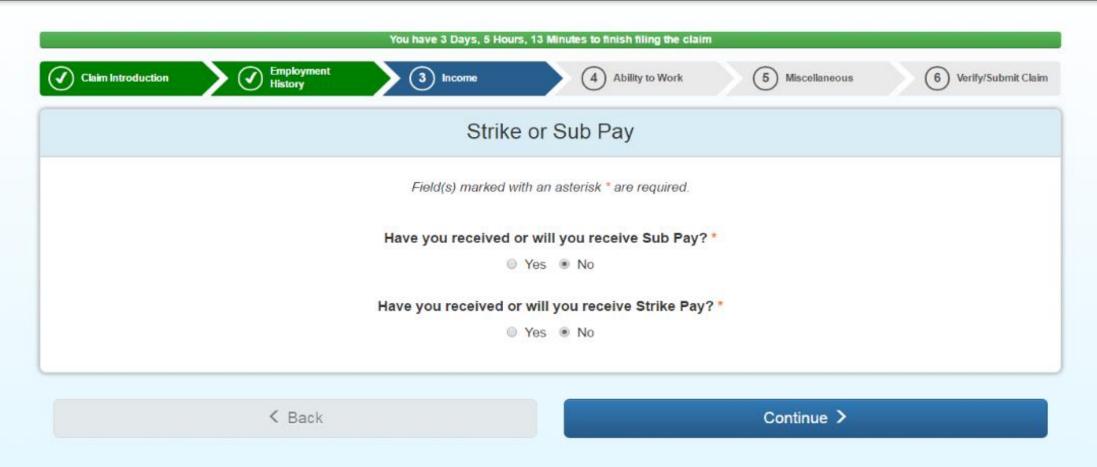


You will be required to report your wages from the employer listed at the top of the screen for specific periods of time on your weekly voucher. Even if you have not received the check or direct deposit, you must report all earned wages.

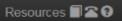


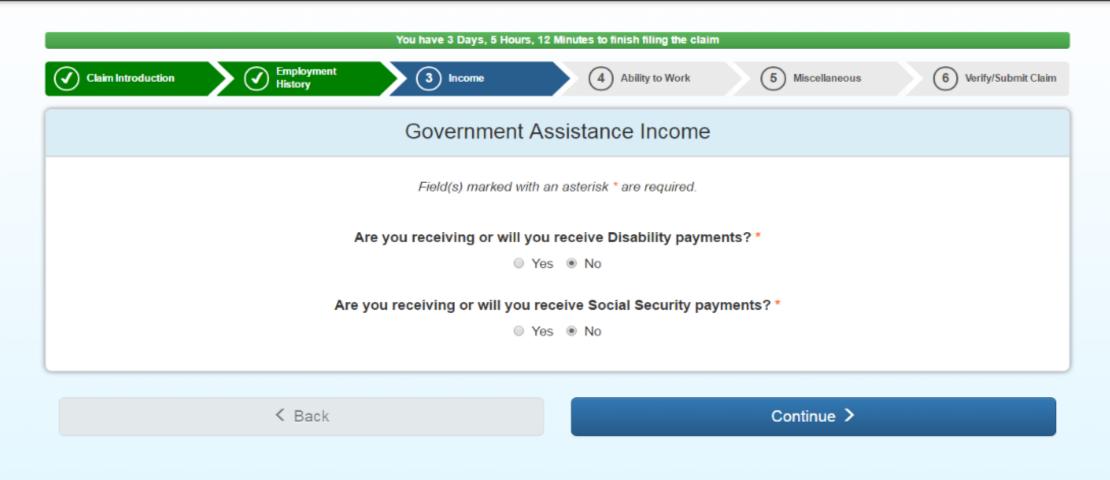


Report all money you received from the employer listed above from any of the sources listed. When you select the type of compensation received, you will be able to enter the gross amount received. If you click on the "?", there will be a brief explanation about that selection. If you did not receive any compensation, select the box indicating that you will not or have not received any payments listed.



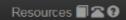


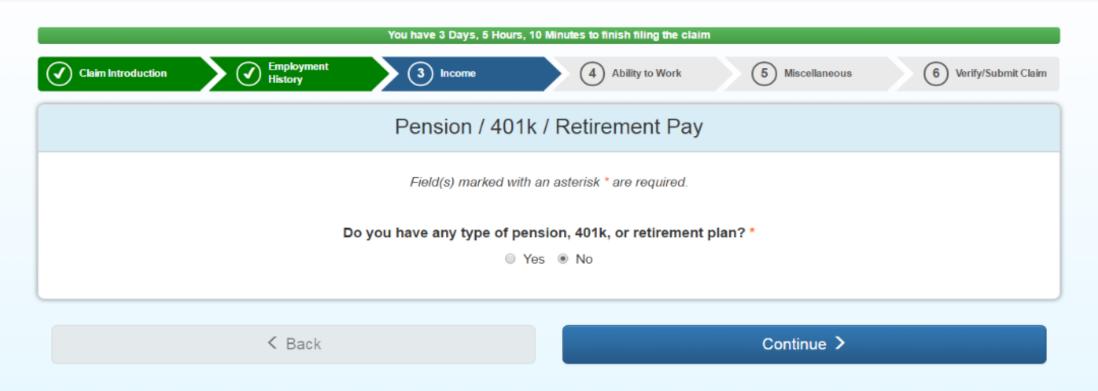




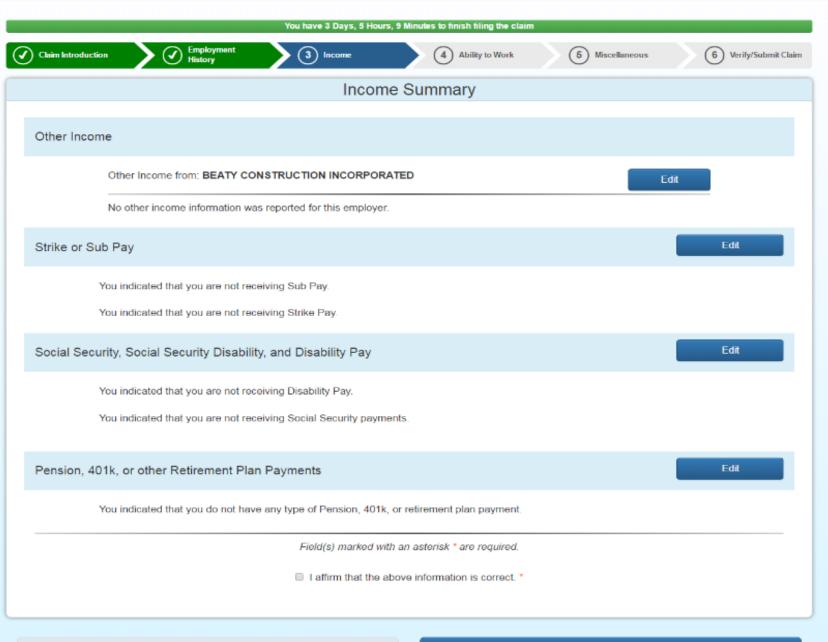
If you received or will receive Disability payments or Social Security payments, you must report those payments by answering the questions on the screen above.



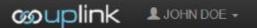




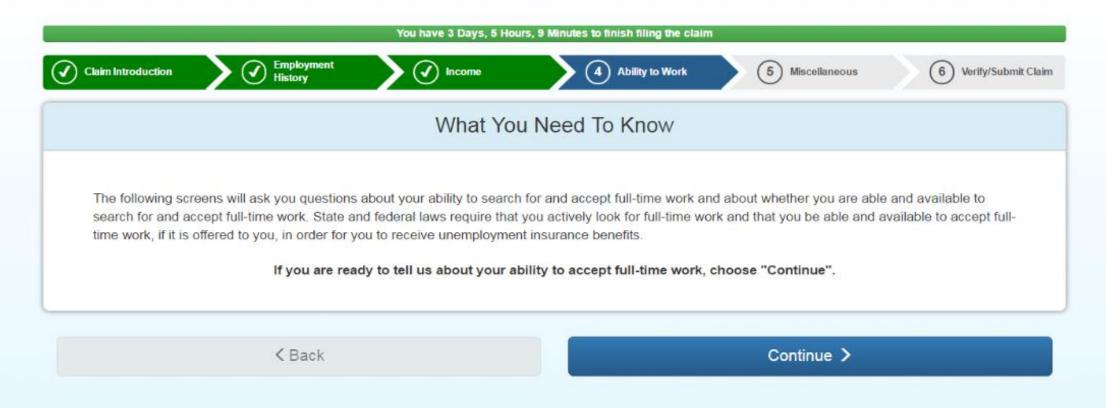
Answer "yes" or "no" to the question about 401K, pension, and retirement plans. If you select "yes", answer all follow-up questions.



Review all information on the Income Summary screen to make sure it is accurate and complete. If you need to make changes, select "Edit" in the section that is in need of a correction. When you are finished, affirm that all of your answers are correct.

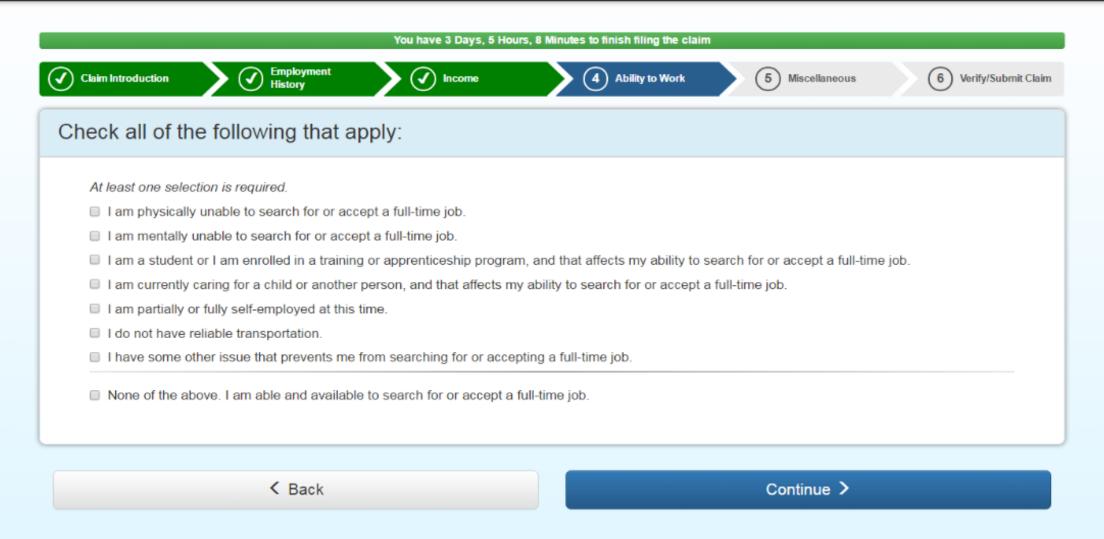






In order to receive unemployment benefits, you are required to be able to work full-time and to be available to accept full-time work if a position were offered to you.

For the next series of screens, you will answer questions about whether you are able and available to search for and accept full-time work.



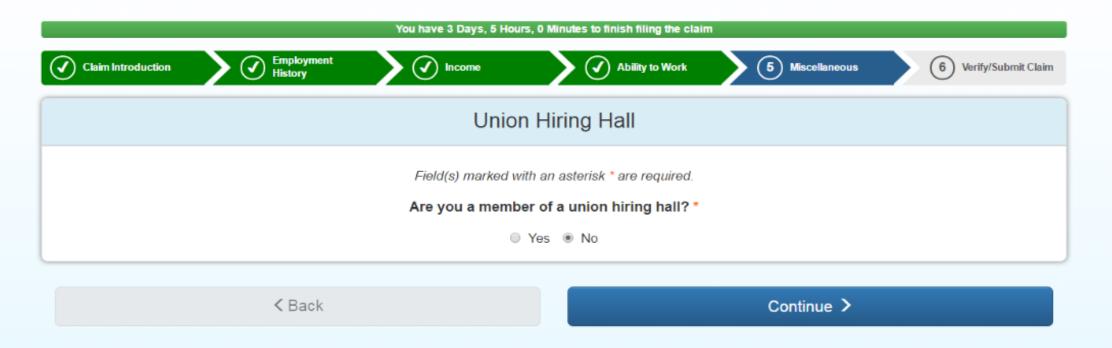
Select all of the statements that apply to your ability to search for and accept full-time employment or select "None of the above," if applicable.





		You have 3 Days, 5 Houn	s, 1 Minutes to finish filing the claim	1	
Claim Introduction	Employment History	) Income	4 Ability to Work	5 Miscellaneous	6 Verify/Submit Cla
		Ability to	Work Summary		
The answers you correct.	provided on the last few	pages are summarized be	low. Please confirm that all y	our answers are	Edit
I am	able to search for and acc	cept a full-time job.		Edi	t
			th an asterisk * are required.		
	< Back			Continue >	

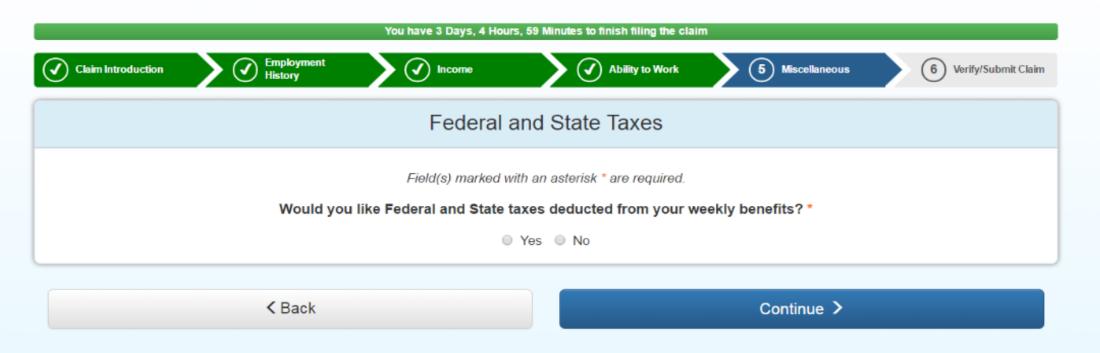
Review your responses to the Ability to Work Summary. You may make any necessary changes to your answers by selecting "Edit." When you are certain that the information on the screen is correct, check the box that affirms your answers.



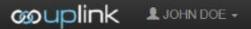
If you are a member of a union hiring hall, select "yes" to the question above and answer the follow-up questions. Union hiring hall members who already completed information about their hiring halls during the initial claim filing will see that information on the screen above. If your "Union Dues Paid Through Date" has changed, please update that information here. You will no longer be required to send in a copy of your union dues paid receipt, but a request for verification will be sent to your hiring hall.







Unemployment insurance benefits are subject to both federal and state income tax. If you select "yes," we will withhold 14% of your benefits for tax purposes (10% federal and 4% state). You will not be able to change this election for the duration of this claim. For tax reporting purposes, IRS Form 1099-G will be available on your claimant homepage in late January for the previous year's benefits.

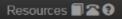


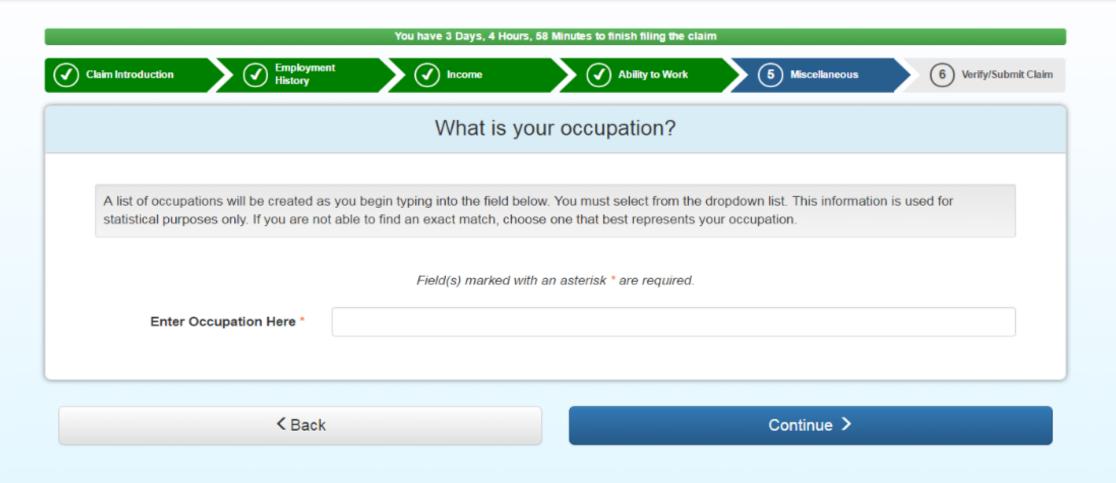


You have 3 Days, 4	4 Hours, 59 Minutes to finish filing the claim
Claim Introduction Employment History Income	Ability to Work  5 Miscellaneous 6 Verify/Submit Claim
Y	our Occupation
Field(s) marked	d with an asterisk * are required.
What is the primary type of occupation you are looking	ng for? *
What is the secondary type of occupation you are look	ing for?
✓ Back	Continue >

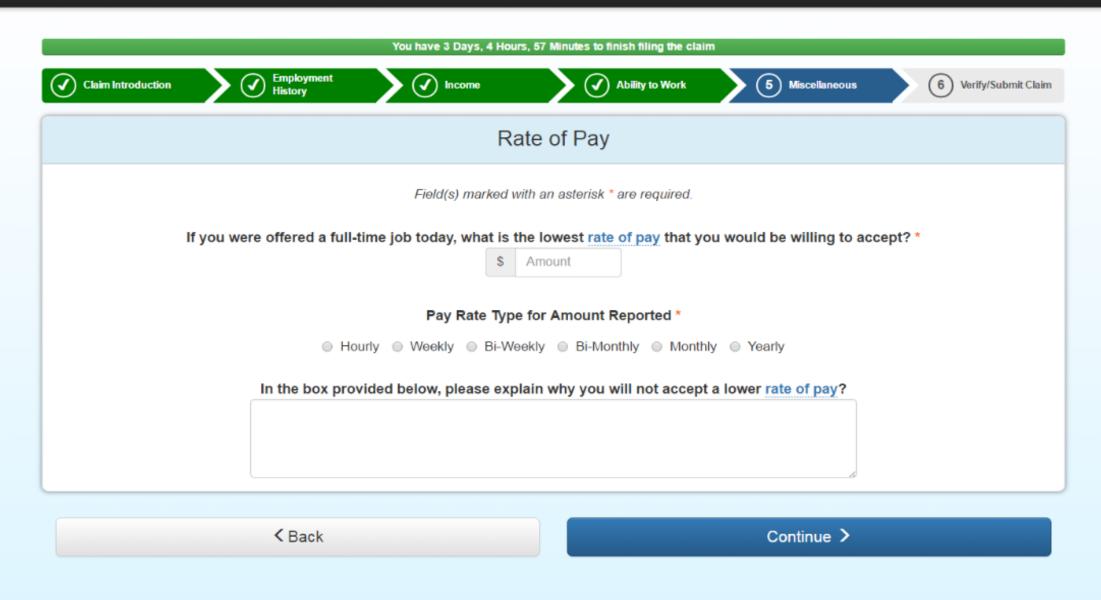
Answer the questions above about the type of occupations you are seeking. This information is used for labor statistics purposes.







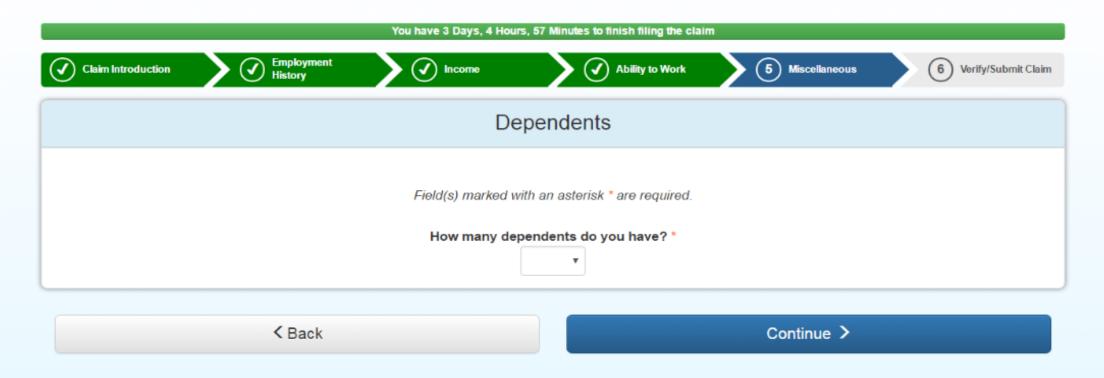
For statistical purposes, please enter your most recent occupation. If you are unable to find an exact match, select one that best represents your occupation.



Please enter the lowest rate of pay you would be willing to accept if you were offered a full-time position. Enter whole dollar amounts only. Do not enter a decimal.

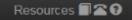


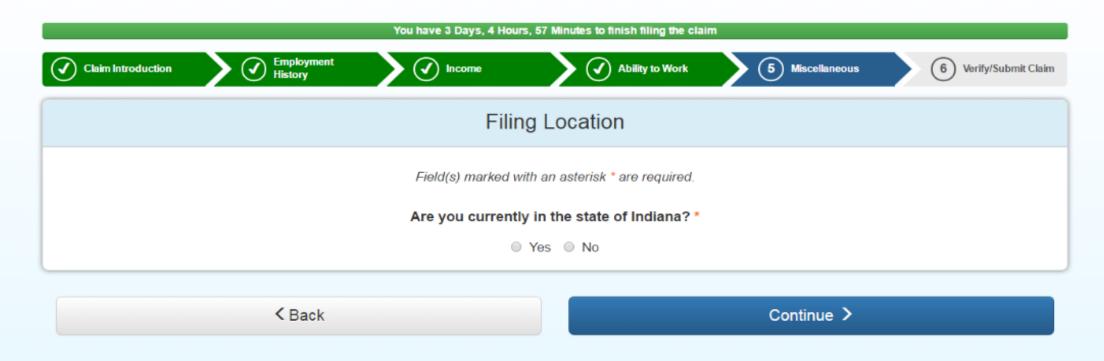


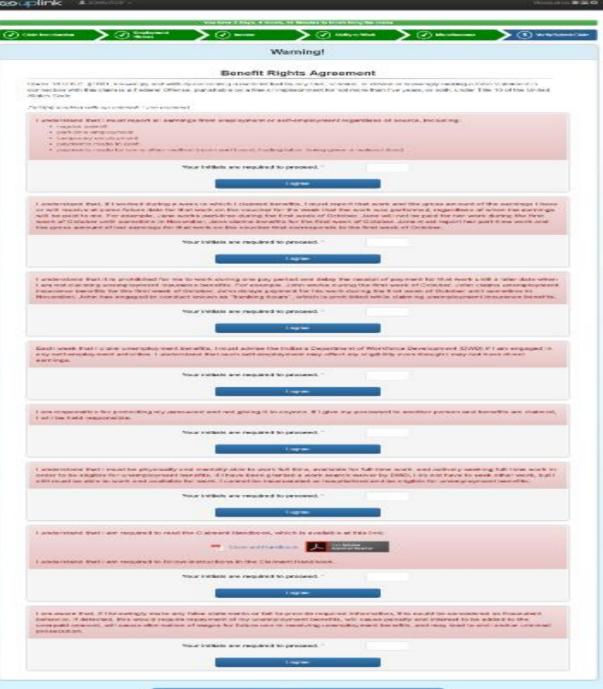


For statistical purposes only, please enter the number of dependents you have. This information will not affect your benefit amount.



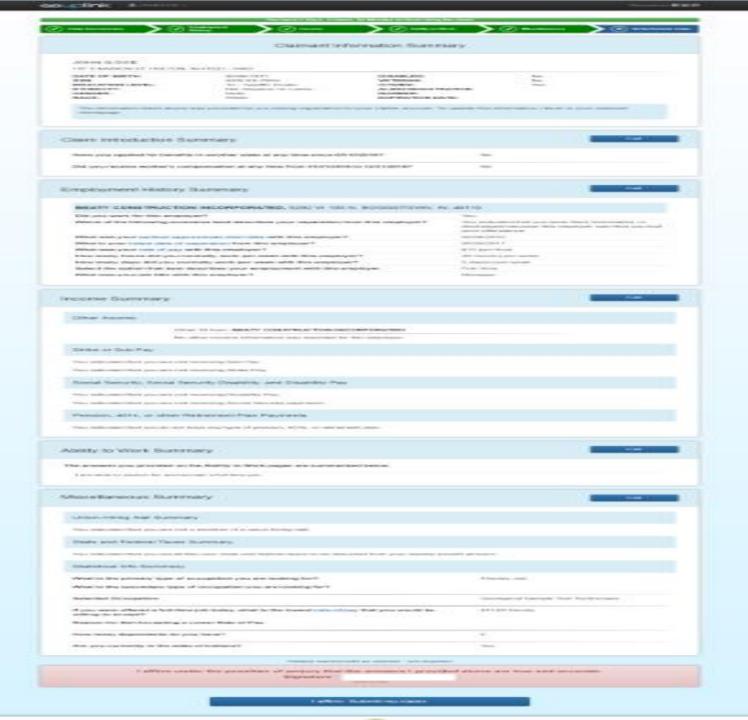






You must read the entire Benefits Rights
Agreement carefully. It contains important
information about your responsibility and
obligations in connection with applying for and
receiving unemployment insurance benefits. You
are also required to read the Claimant Handbook,
which contains detailed information about
unemployment insurance procedures.
After reading and agreeing to each section, you
must type in your initials and click "I agree" before
moving to the next section.
Each section will turn green after initialing and

clicking "I agree".



This screen provides a summary of all of your answers during this claim filing process. Please check your answers carefully and edit any section where information is not correct, as this will be your last opportunity to make changes before submitting your claim.



# Claim Filing Post-Submission Instructions

♠ Home | Post-Submission Instructions

## **CONGRATULATIONS!**

## Your claim was successfully submitted.

Claim Confirmation #: 64613556

In order to expedite the processing of your claim, complete the following next steps as quickly as possible:

# Next Steps 🗏

☑ Record Your Weekly Work Search Activities —

You are required to keep your own weekly work search log. Keep your weekly work search log in a safe place, as you may be required to provide your work search log to the department at any time during your claim.

The Claimant Handbook provides more information about the types of work search activities available to you. Failure to complete weekly work search activities will affect your benefits.

Congratulations! Your claim was successfully submitted. Please complete the "Next Steps", if applicable, and read the Claimant Handbook for additional information about the unemployment insurance process.

Claimant Homepage